

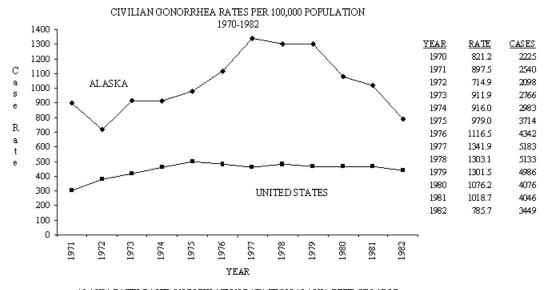
Bulletin No. 6 February 25, 1983 ALASKA'S GONORRHEA RATE CONTINUES TO FALL - NO LONGER NUMBER 1 IN NATION!!

Alaska's reported civilian gonorrhea rate decreased for the 5th consecutive year in 1982. The 3449 civilian cases reported represents a 14.7% decrease from the 4046 cases reported in 1981. Reported military cases also decreased from 284 cases in 1981 to 140 cases in 1982. In addition, and perhaps more significant, our civilian rate of gonorrhea decreased 22.6% from 1018.7 cases per 100,000 population in 1981 to 785.7 cases per 100,000 in 1982. The rate for the entire United States is 422.7 cases per 100,000 population.

THIS MARKED THE LOWEST GONORRHEA RATE IN ALASKA SINCE 1972, AND THE FIRST TIME IN 10 YEARS THAT WE'VE NOT HAD THE HIGHEST GONORRHEA RATE IN THE UNITED STATES. ACCORDING TO DATA RECENTLY RELEASED BY THE CENTERS FOR DISEASE CONTROL, ALASKA NOW RANKS SECOND BEHIND GEORGIA.

While the reported number of gonorrhea cases was decreasing, the reported number of civilian gonococcal pelvic inflammatory disease (GPID) cases increased from 91 cases in 1981 to 116 cases in 1982. The 116 cases represented 7.6% of all reported female gonorrhea morbidity in 1982 compared to 4.9% in 1981. We attribute the increase to a higher index of suspicion among medical providers of women presenting with symptoms suggestive of PID and improved reporting of GPID as distinct from uncomplicated gonorrhea.

The total reduction of 741 cases in 1982 represents medical cost savings of \$122,655 which would have been required to treat 715 cases of uncomplicated gonorrhea, at \$77 per case, and 26 cases of GPID at \$2,600 per case. However, this does not take into account the number of lost school days and work days, and the toll of human and emotional suffering that were prevented by our successful program.



ALASKA RATES BASED ON POPULATION DATA FROM ALASKA DEPT. OF LABOR

U.S. RATES BASED ON POPULATION DATA FROM U.S. BUREAU OF CENSUS

We would like to acknowledge and thank all of the physicians, public health nurses, village health aides, local and state venereal disease investigators, military medical specialists, laboratory personnel, and other health care providers whose cooperation, support, and participation in our statewide Sexually Transmitted Disease Control Program have resulted in overwhelming success.

(Reported by Tom Kelly, Public Health Advisor, STD Unit, CDC)